

TECHNICAL EXHIBIT 1

FOOD STAMP APPLICATION



**Providing Nutritional
Assistance to All Ages**

Application For

Food Stamp Benefits

Follow these simple steps to apply for food stamp benefits.

Note: If you have a disability or need help completing this application, please let a worker know and someone will help you.

Step 1: Fill out as much of this application as you can, sign on page 1, and return it to the local food stamp office. We need at least your name, address and signature. **If you are without money for food, you may be able to get emergency food stamp benefits in three (3) days. You need to answer all checked (✓) questions on all pages.**

Step 2: You will be scheduled for an interview with a food stamp worker who will go over this application with you and will ask you more questions to complete the application process.

Step 3: You must bring proof of identification and income to your interview. You should bring other items as well, such as rent receipts, utility bills, or paycheck stubs. If you do not report and provide proof of expenses, no deduction from your income will be allowed for those expenses.

Important Information for Immigrants

You can apply for and get food stamp benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for food stamp benefits on behalf of U.S. born or naturalized immigrant children, even though the parents may not be eligible for benefits.

You do not have to provide immigration status information, social security numbers or documents for any family members who are not eligible for food stamp benefits because of immigration status and who are not asking for food stamp benefits.

Using food stamp benefits will not affect your immigration status or the immigration status of your family. Immigration information is private and is not shared.

Applying For Food Stamp Benefits

Useful Tips and Information

Please read the following—there is nothing to fill out on this page.

WHAT WE MEAN WHEN WE SAY

To help you understand some of the words used in the application and the interview, refer to the definitions below.

You, Anyone, Everyone — Any and all persons who live in your home and who are applying for food stamp benefits. When we need information about the other people in your home, we will ask you.

Your Household — People living in the home who buy and prepare food together and are applying for food stamp benefits.

Food Stamp Benefits — Benefits for low-income households to help buy food.

Food Stamps Expedited Service — Food stamp benefits available to you within three (3) days.

Resources — Money you have, such as:

- Cash on hand, uncashed checks, money in checking accounts, savings accounts, or savings certificates, etc.
- Trust deeds, notes receivable, stocks or bonds, etc.

Utilities — Gas, electricity, heating, fuel, telephone (basic rate), utility installation, garbage and trash pickup, water, sewage, etc.

Income — Money received or expected to receive this month, such as:

- Earnings, welfare, child support, SSI or Social Security, or veterans payments
- Pension or retirement payments
- Unemployment (UIB), State Disability (SDI) or other disability
- Strike funds, payments from roomers, school grants and loans
- Cash gifts, cash winnings, or any other cash payments

Cash Aid — California Work Opportunity and Responsibility to Kids (CalWORKs), Refugee Assistance, or your county's local Cash Aid program [General Assistance or General Relief (GA/GR), or Cash Assistance Program for Immigrants (CAPI)].

OTHER THINGS YOU SHOULD KNOW

- **You may wonder why we ask some of the questions. All questions are required by Federal/State law to determine your eligibility for food stamp benefits.**
- You can apply for food stamp benefits and cash aid at the same time and have only one interview for both, except when you apply for GA/GR as a cash aid.
- If your food stamp benefits, Authorization Document (AD) or issuance cards are lost in the mail, you must report it before the end of the month in which you should have gotten them. But if they were stolen or destroyed, you must report your loss within ten (10) days of the incident.
- If you receive too many food stamp benefits, you will have to pay them back and/or your benefits may be lowered or stopped. Your Social Security Number (SSN) may be used to collect the amount of benefits owed, through the courts, other collection agencies and for federal government collection action.
- Your SSN will be used to check identity to prevent duplicate participation and to verify eligibility and benefits. The SSN will be used in computer matches to check your income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with you and with employers, banks, or others. Fraudulent participation in the Food Stamp Program may result in criminal or civil action or administrative claims.
- Providing your SSN is not required when you first submit your application. However, you will be asked to give us information to figure the eligibility and benefits for other members of your household. You usually have to give us your SSN(s) or proof of application for your SSN(s) before we can give you any benefits. We can deny you or any member of your household benefits for failure to provide an SSN.

COMPLAINTS AND STATE HEARINGS

If you have a complaint, try to work it out with the county. If you can't work it out, you may call or write to:

California Department of Social Services
744 P Street, MS 20-23
Sacramento, CA 95814
Phone Number: 1-800-952-5253,
or for the hearing or speech impaired call
1-800-952-5349

If you think any action taken by the County is wrong, you can ask for a State Hearing by writing to your local county welfare office or by calling the phone numbers listed above. You must ask for a hearing within ninety (90) days of the action and tell why you want one.

The law says that all applicants/recipients for aid, benefits or services are to be treated fairly without regard to race, color, national origin, political affiliation, religion, marital status, sex, age or disability.

If you think you have been discriminated against, you may file a complaint by:

1. Contacting your county's civil rights coordinator; or
2. Writing to or calling:
The state's Civil Rights Bureau, M.S. 15-70,
P.O. Box 944243, Sacramento, CA 94244-2430
1-866-741-6241 (Toll Free)
3. Or for Food Stamp benefits only, writing to:
Secretary of Agriculture
U.S. Department of Agriculture
14th & Independence Avenue, S.W.
Room 200A
Administration Building
Washington, D.C. 20250

Application for Food Stamp Benefits

Applicant Information

1. Please fill out the following personal information for the person requesting food stamp benefits.

Name (Last, First, Middle)	
Telephone Number (include area code)	
Home Address (Street, P.O. Box, Apt. #)	
City, State, Zip Code	
Mailing address (if different from above)	
City, State, Zip Code	

2. The food stamp office can provide an interpreter at no cost to you. Would you like an interpreter at your interview? ☐ Yes ☐ No If "Yes," what language? _____

3. To help us improve our services to you, please complete A and B below. If you don't complete these items, the county will do it for you. Check all that apply. This will not affect your eligibility.

A. ETHNIC GROUP – ☐ White ☐ Hispanic ☐ Black ☐ Filipino ☐ Chinese
☐ American Indian or Alaskan Native ☐ Japanese ☐ Korean ☐ Guamanian ☐ Samoan
☐ Vietnamese ☐ Asian Indian ☐ Laotian ☐ Hawaiian
☐ Other Asian or Pacific Islander (specify) _____

B. PRIMARY LANGUAGE – ☐ English ☐ Spanish ☐ Lao ☐ Tagalog
☐ American Sign ☐ Cantonese ☐ Cambodian ☐ Vietnamese ☐ Russian
☐ Other (specify) _____

✓ 4. Someone in the household is: (check more than one if applicable)

☐ Disabled ☐ Homeless
☐ Elderly (60 & older) ☐ Migrant/Seasonal Farmworker –
☐ Without money for food Has your only income stopped? ☐ Yes ☐ No

5. Do you have a physical or mental condition that requires special help during your interview with a food stamp worker? ☐ Yes ☐ No

✓ 6. How much is your rent or mortgage this month? \$ _____

✓ 7. How much are your utilities this month, if separate from your rent or mortgage? \$ _____

I have been informed about getting emergency food stamp benefits within three (3) days.

Signature _____

Date _____

County Use Only			
Case Name	Case #		
Application Type	<input type="checkbox"/> New	<input type="checkbox"/> Report	Date received by County
Screened for Expedited Service (ESI)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ESI Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No

Application for Food Stamp Benefits

Household Information

8. Complete the following information for all persons in the home, including yourself. The County will use this information to determine eligibility only.

Name (Last, First, Middle)	Social Security Number (If none, write none)	Relationship (i.e. son, wife, friend, foster child, etc.)	Circle one	Date of Birth	Do you buy and prepare food with this person? (Circle one)
1.			Male/Female		Yes / No
2.			Male/Female		Yes / No
3.			Male/Female		Yes / No
4.			Male/Female		Yes / No
5.			Male/Female		Yes / No
6.			Male/Female		Yes / No
7.			Male/Female		Yes / No
8.			Male/Female		Yes / No
9.			Male/Female		Yes / No
10.			Male/Female		Yes / No

Income and Employment

✓ 9. Do you have or will you receive any income this month? ☐ Yes ☐ No

List all your household income below:

Name of person who gets money	How much each month?
	\$
	\$
	\$
	\$

Resources

✓ 10. How much money do you have? This includes money in bank accounts, in your home, or any other place. \$ _____



Application for Food Stamp Benefits

Important Information

- The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, sex, religion, national origin, or political beliefs. You may file a complaint if you think you have been discriminated against. If you disagree with the decision of the county, an appeal process is available to you.
- The information on this application may be shared with federal, state and local agencies only for the purposes of verifying eligibility for the Food Stamp Program. This process may include confirmation with the U.S. Citizenship and Immigration Services (USCIS) (formerly INS) of the immigration status only of those persons seeking food stamp benefits. Federal law says the USCIS cannot use the information for anything else except cases of fraud.

Signature

I certify under penalty of perjury under the laws of the United States of America and the State of California that the information I have provided on this application is true, correct and complete.

Signature (Adult Household Member or Authorized Representative)

Date

Signature of Witness or Interpreter

Date

Signature of Eligibility Worker

Date

FOOD STAMP BENEFITS YOUR RIGHTS AND RESPONSIBILITIES

When you apply for food stamp benefits, you have rights and responsibilities. Your most important right is to be treated fairly without regard to race, color, national origin, political beliefs, religion, gender, age or disability. If you think you have been discriminated against, you may file a complaint by:

1. Contacting your county's civil rights coordinator;
2. Calling 916-654-2107 or 1-866-741-6241 (toll free);
3. For the hearing or speech-impaired,
1-916-654-2098 (TDD); or,
4. Writing to:

**California Department of Social Services
Civil Rights Bureau, MS 15-70,
P.O. Box 944243
Sacramento, CA 94244-2430**

or if you get Food Stamps only, write to:

**USDA
Director, Office of Civil Rights
Room 326-W, Whitten building
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410**

or call

(202) 720-5964 (voice and TDD)

YOUR RIGHTS

As a food stamp applicant or recipient, you have the right:

- To get help to filling out your application or any other food stamp form.
- To ask for translated forms and notices if you don't read English.
- To be treated with courtesy, consideration and respect.
- To ask for oral interpretation of forms and notices if translated forms and notices are unavailable.
- To be interviewed promptly by the county when you apply and to have your eligibility determined within thirty (30) days.
- To have the face-to-face interview waived if you are unable to appoint an Authorized Representative and no household member is able to go into the Food Stamp office because everyone is 65 years old and over or physically disabled and no one has earned income.
- To have the face-to-face interview waived if you have a hardship and cannot get to the Food Stamp office.
- To discuss your case with the county and to review your case yourself when you request to do so.
- To be told the rules for getting emergency food stamp benefits. If the county thinks you might be eligible, you will get an interview immediately and food stamp benefits within three (3) days.
- To ask to have your Food Stamp I.D., authorization document, or issuance card, or food stamp benefits replaced if lost in the mail, damaged, stolen or destroyed. EBT food stamp benefits are not always replaced; when the EBT card is not reported lost/stolen or benefits are spent by the authorized representative.
- To get written notice when your application is approved, denied, or when your benefits change or stop.
- To have your records kept confidential by the county and state, unless there is an outstanding felony arrest warrant issued for you, or as otherwise provided by law.
- To file a complaint or to ask for a state hearing within ninety (90) days of any action if you think the action was wrong. You can write to your County Welfare Department or call toll free 1-800-952-5253 or for the hearing or speech impaired (TDD) 1-800-952-8349.
- To be represented at a state hearing by yourself or by a household member, friend, attorney, or other person of your choice. You may get free legal help at your local legal aid office or welfare rights group.

YOUR RESPONSIBILITIES

As a food stamp applicant or recipient, you are responsible for meeting the following requirements:

- **Fingerprint and photo imaging.** California has a rule that says that everyone who is required to be fingerprinted and photo imaged must have their photo and fingerprint image taken in order for your household to receive food stamp benefits. If someone in your household who is required to be photographed or finger imaged refuses to do so, your household will not be able to get food stamp benefits. These images are confidential and can only be used to prevent or prosecute welfare fraud.

YOUR RESPONSIBILITIES (Continued)

- **Citizenship/Immigration Status.** You must sign under penalty of perjury that each member applying for food stamp benefits is a U.S. citizen or U.S. national. If someone in your household is not a citizen, you will need to provide verification of his or her immigration status. Information you give us on immigration status will be checked with the U.S. Citizenship and Immigration Services (USCIS), but it will only be used to determine food stamp eligibility. Information about immigration is private and confidential.

You can apply for and get food stamp benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for food stamp benefits for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible for benefits. You do not have to provide immigration information or documents for any family members who are not eligible for food stamp benefits and who are not asking for food stamp benefits. Getting food stamp benefits will not affect your immigration status or the immigration status of your family.

- **Social Security Number.** You must provide the Social Security Number (SSN) for everyone in your household who is applying. Anyone who does not give a SSN or proof of application for an SSN will not be able to get food stamp benefits.

The SSN(s) will be used in a computer match to check your income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. SSN(s) will also be matched with law enforcement agencies. Differences may be checked out with employers, banks or others.

- **Verification.** If your worker asks for proof of a fact you give, you must provide it or give us the name of some other person or agency we may contact to get it. When you can't get the proof you need, we may be able to help you get it.
- **Reporting.** Every food stamp household must report on their income and household situation. Most households have to report every quarter, but your worker will tell you whether you are a quarterly or change reporting or transitional household.
- **Cooperation.** You must cooperate with county, state and federal staff. You may not get benefits or your benefits may be stopped if you don't cooperate.

PENALTIES AND DISQUALIFICATION

Failing to follow the rules listed in this document can result in an Intentional Program Violation (IPV). The penalties for an IPV are disqualification as listed below, AND you can be fined up to \$250,000 and/or put in jail/prison for up to 20 years. Disqualification means not being able to get food stamp benefits for a period of time. When you are disqualified, the penalties stop your food stamp benefits for:

- 12 months for the first violation,
- 24 months for the second violation and
- forever for the third violation.

These penalties start after a state hearing or court of law finds that an individual committed an IPV. In addition, there are separate penalties for other things you should not do. They are:

- If you are found guilty in any court of law of trading food coupons for controlled substances, food stamp benefits can be stopped for 24 months for the first violation and forever for the second violation.
- If you are found guilty in any court of law of trading food stamp benefits for firearms, ammunition or explosives, food stamps can be stopped forever for the first violation.
- If you sell or trade food stamps worth \$500 or more, food stamp benefits can be stopped forever.
- If you file more than one application at the same time and give false identification or residence information, food stamp benefits can be stopped for ten (10) years.

Also, anyone who is accused of committing an IPV may agree to be disqualified by signing either a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver. Anyone who signs one of these documents accepts responsibility to repay any overissuance.

In addition, if you don't report all the facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted with penalties of a fine and/or imprisonment. You may be found to have committed a felony if more than \$400 is wrongly paid out in food stamp benefits because you didn't report all of your facts or changes in income, property or family status.

If your household receives food stamp benefits, you must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting food stamp benefits.
- Don't trade or sell food stamps, Food Stamp Authorization Documents (ADs), or issuance cards.
- Don't alter ADs or issuance cards to get food stamp benefits you are not entitled to get.
- Don't use food stamp benefits to buy ineligible items such as alcoholic drinks or tobacco, paper or cleaning products.
- Don't use someone else's food stamps, ADs or issuance cards for your household.

Food Stamp Work Rules

If you are between the ages of 16 and 60, you may need to meet food stamp work rules. You may be excused from meeting the work rules if you have health problems, care for a child under 6, or have other conditions that make it difficult to participate in work or training activities. Work rules say you must tell us about your work experience, go to a job you are sent to, take a suitable job, and not quit a job or reduce your work to less than 30 hours a week. You may also have to do community service, look for work, or go to school or training. If you don't meet these rules, food stamps may be denied or stopped for one, three, or six months.

Food Stamp Work Rule for Adults Without Children

If you are older than 17 and younger than 50, and you are not in a household with a minor child, you may also need to meet the work rule for adults without children. You do not have to meet this work rule if you are pregnant, live in a household with a minor child, have health problems, or have other conditions that make it difficult to participate in work, school, or training. You must meet the work rule by working or going to school or training for a total of 20 hours a week or by participating in community service for the required number of hours. If you don't meet the work rule for three months during a three-year period without a good reason, food stamps will stop. Food stamps will begin again if you meet the work rule for the required number of hours or if you are excused. If you stop meeting the work rule again for reasons such as layoff, you may receive food stamps for three months in a row without having to meet the rule.

CERTIFICATION

- I certify that I have received copies of "Your Rights and Responsibilities" (DFA 285-A3 QR) and "How to Report Household Changes" (FS 23 QR). I understand my rights and responsibilities. I agree to comply with my responsibilities. I also understand the penalties for giving wrong or incomplete facts and failing to report facts or situations that may affect my eligibility or benefit level for food stamp benefits.
- I also certify that I have received a copy of "Applying for Food Stamp Benefits" (FS 22 QR).

SIGNATURE (ADULT HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE):

DATE:

SIGNATURE OF WITNESS OR INTERPRETER:

DATE:

I certify that I have informed the applicant/recipient of the above responsibilities and of the possibilities of criminal penalties for intentionally making false statements or failing to report information which affects food stamp eligibility.

SIGNATURE OF INTERVIEWING WORKER:

DATE APPLICATION REVIEWED WITH CLIENT OR AUTHORIZED REPRESENTATIVE:

DFA 285-A3 QR (5/08) IMPORTANT INFORMATION-REQUIRED FORM — NO SUBSTITUTES PERMITTED

- TEAR HERE -

CERTIFICATION

- I certify that I have received copies of "Your Rights and Responsibilities" (DFA 285-A3 QR) and "How to Report Household Changes" (FS 23 QR). I understand my rights and responsibilities. I agree to comply with my responsibilities. I also understand the penalties for giving wrong or incomplete facts and failing to report facts or situations that may affect my eligibility or benefit level for food stamp benefits.
- I also certify that I have received a copy of "Applying for Food Stamp Benefits" (FS 22 QR).

SIGNATURE (ADULT HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE):

DATE:

SIGNATURE OF WITNESS OR INTERPRETER:

DATE:

I certify that I have informed the applicant/recipient of the above responsibilities and of the possibilities of criminal penalties for intentionally making false statements or failing to report information which affects food stamp eligibility.

SIGNATURE OF INTERVIEWING WORKER:

DATE APPLICATION REVIEWED WITH CLIENT OR AUTHORIZED REPRESENTATIVE:

DFA 285-A3 QR (5/08) IMPORTANT INFORMATION-REQUIRED FORM — NO SUBSTITUTES PERMITTED

Statement of Facts

This form is designed to be filled out by the eligibility worker during the face-to-face interview with the applicant. However, it can be completed by the client in special situations, such as recertifying the food stamp household or applying by mail.

A. Are all persons in the household U.S. citizens?

☐ Yes ☐ No
(If yes, skip to E)

Applicants do not have to provide immigration status information or documents for any family members who are not eligible because of immigration status and who are not applying for benefits.

Name of Person:	Sponsored?	How many years has each person in your household been in the U.S.?	In how many of those years did you, your spouse, and/or your parents (before you were 18) earn money through work in the U.S.?	How many years, if any, did you, your spouse, and/or your parents (before you were 18) work in the U.S. or for a U.S. company while not living in the U.S.?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

B. Is any noncitizen in the home on active duty in the U.S. military, a veteran, or the spouse of dependent child of someone on active duty or a veteran? If yes, explain:

☐ Yes ☐ No

Name of person:	Branch of service:	Date served:

C. Is anyone in the home a battered noncitizen?

☐ Yes ☐ No

D. Does anyone have at least 40 quarters or 10 years of work history in the USA? If yes, give their name(s) below:

☐ Yes ☐ No

Name of person(s) with at least 40 work quarters:

COUNTY USE ONLY	
Case #	Date
Case #	Date
Worker Number	Date
TYPE OF APPLICATION	
<input type="checkbox"/> New	<input type="checkbox"/> Recert
<input type="checkbox"/> Residency verified	
<input type="checkbox"/> Length of time in California	
<input type="checkbox"/> FSI verified	
<input type="checkbox"/> Received food stamps	
Household information	
Name	Eligible? Reasons
1. _____	Eligible? _____
2. _____	Eligible? _____
3. _____	Eligible? _____
4. _____	Eligible? _____
5. _____	Eligible? _____
6. _____	Eligible? _____
7. _____	Eligible? _____
8. _____	Eligible? _____
9. _____	Eligible? _____
10. _____	Eligible? _____
Honorable Discharge Verified	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
USCIS Exemption Filed?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> 40 quarters verified	
<input type="checkbox"/> Own Quarters	
<input type="checkbox"/> Spouse's Quarters	
<input type="checkbox"/> Spouse's Combined Quarters	
<input type="checkbox"/> Parents' Quarters	
GFAP	<input type="checkbox"/> YES <input type="checkbox"/> NO
Person #	

Statement of Facts

E. Is anyone in the home 80 years of age or older and unable to buy food and fix meals? Is anyone in the home blind, deaf, disabled or pregnant? If yes, explain below:

☐ Yes ☐ No

Name	Explain	Name	Explain

F. Does anyone live in any of the following types of facilities or take part in any food program including those listed below? If yes, explain below:

☐ Yes ☐ No

- ☐ Homeless shelter
- ☐ Shelter for battered women
- ☐ Reservation for Native Americans
- ☐ Drug/Alcohol rehabilitation center
- ☐ Federally subsidized housing
- ☐ Communal dining facility for the elderly/disabled
- ☐ Group living arrangement for the blind/disabled
- ☐ Food distribution program
- ☐ Correctional facility/Prison
- ☐ Psychiatric hospital
- ☐ Mental institution

Name	Name of center/shelter/food program/etc.	Date entered	Date expected to leave

G. Do you pay anyone or does anyone pay you for meals and/or a room? If yes, explain below:

☐ Yes ☐ No

Name of person who pays for meals/room	Name of person who provides meals/room	Check: <input checked="" type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both	How much?	How often?	# of meals per day?

H. Is any member of your household running from the law to avoid felony prosecution, custody or confinement after conviction, or is any member in violation of probation or parole? If yes, explain below:

☐ Yes ☐ No

Name	Explain	Name	Explain

I. Since August 22, 1995, have you or any member of your household been convicted of a drug-related felony? ☐ Yes ☐ No (If no, go to Question K)

If yes: _____ Name _____ Date Convicted _____

Was the conviction for any of the following:

- ☐ Transporting, importing into this state, selling, furnishing, administering, giving away, possessing for sale, purchasing for the purposes of sale, manufacturing, or processing precursors with the intent to manufacture a controlled substance or cultivating, harvesting, or processing marijuana? ☐ Yes ☐ No
- ☐ Encouraging, inducing, soliciting or intimidating a minor to participate in any of the above activities? ☐ Yes ☐ No

J. Have you or any member of your household:

- a) Completed a government recognized drug treatment program? ☐ Yes ☐ No
- b) Participated in a government recognized treatment program? ☐ Yes ☐ No
- c) Enrolled in a government recognized drug treatment program? ☐ Yes ☐ No
- d) Been placed on a waiting list for a government recognized drug treatment program? ☐ Yes ☐ No
- e) Ceased the use of controlled substances and have evidence that you have ceased? ☐ Yes ☐ No

If yes, please explain: _____

COUNTY USE ONLY

Separate household required? ☐ YES ☐ NO

Medical Expenses: DFA 285C Completed? ☐ YES ☐ NO

FS Eligible Facility? ☐ YES ☐ NO

Household Elects: Boarder, HH Member, Roomer

Boarder, HH Member, Roomer

Qualifying Drug Felony? ☐ YES ☐ NO

Meets Entry Conditions of Eligibility? ☐ YES ☐ NO

Statement of Facts

K. Have food stamp benefits been stopped for anyone because of work or training sanctions or failure to meet able-bodied adult without dependent (ABAWD) work requirements or for an intentional Program Violation or welfare fraud? If yes, explain below:

☐ Yes ☐ No

Name	What?	Why?	When?	How Long?	What County/State?

L. Is anyone 16 years of age or older enrolled in school, college, or a training program? If yes, explain below:

☐ Yes ☐ No

Name of person	Name of school	<input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other	# of units per semester/qtr	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No # of hours: _____

M. Has anyone in the last 60 days quit/refused work or training? Is anyone on strike? If yes, explain below:

☐ Yes ☐ No

☐ Yes ☐ No

Name of person	On strike Quit/Refused Work	Last day worked	Last date paid
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Name/Address of employer/training		If quit or refused work/training, explain.	

N. Has anyone sold, spent, or given away any real or personal property in the last 3 months, such as a house, bank account, money, car, a legal or accident settlement, or anything else? If yes, explain below:

☐ Yes ☐ No

Name	Explain

O. Does anyone own or is anyone buying real estate anywhere (in or outside of the United States)? If yes, explain below:

☐ Yes ☐ No

Type	Address or location	Used as: <input type="checkbox"/> Home <input type="checkbox"/> Rental	Owner:	Estimated value: Amount owed:

COUNTY USE ONLY

Exemption from FS work registration and/or the ABAWD work requirements?
☐ YES ☐ NO

Good cause if sanction was imposed?
☐ YES ☐ NO

Minimum FS sanction completed?
☐ YES ☐ NO

Met ABAWD requirements or regaining eligibility?
☐ YES ☐ NO

Eligible for 2 consecutive ABAWD months?
☐ YES ☐ NO

FS Eligible Student?
☐ YES ☐ NO

FS Eligible Student?
☐ YES ☐ NO

Strike Recs Apply?
☐ YES ☐ NO

Gross Monthly Income Earned Prior to Before the Strike:
\$ _____

Voluntary Quit?
☐ YES ☐ NO

Good Cause?
☐ YES ☐ NO

Statement of Facts

P. Does anyone, including children, have any of the resources listed below? If yes, please explain below.

☐ Yes ☐ No

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Cash or checks | <input type="checkbox"/> Mortgages | <input type="checkbox"/> Employee deferred compensation | <input type="checkbox"/> IRA or Keogh Plans |
| <input type="checkbox"/> Retirement funds | <input type="checkbox"/> Money market accounts | <input type="checkbox"/> Checking or Savings accounts | <input type="checkbox"/> Oil, mining, or mineral rights |
| <input type="checkbox"/> Sales contracts | <input type="checkbox"/> Trust funds | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Stocks, Bonds, Certificates of Deposit | <input type="checkbox"/> Credit union accounts | | |

Type of resource	Owner	Current value	Amount owed (if any)	Name & Address of bank/institution	Account number

Q. Does anyone, including children, get or expect to get money from any source listed below?

☐ Yes ☐ No

- | | | | |
|--|---|--|---|
| <ul style="list-style-type: none"> Cash assistance (CalWORKs, Refugee Assistance, CAPI, General Assistance/Relief, Tribal TANF) State benefits (Unemployment or Disability Insurance Benefits) | <ul style="list-style-type: none"> Veterans administration payments (Disability, Education, Aid and Attendance, etc) Social Security Benefits or SS/SSP Railroad retirement board (Disability or Retirement) | <ul style="list-style-type: none"> Other disability, retirement, survivors Child/Spousal support Educational grants, loans and/or scholarships Per capita payments | <ul style="list-style-type: none"> Winnings (bingo, lottery, prizes, etc) Strike benefits Training allowances Other |
|--|---|--|---|

Name	Source of money	How much?	How often?

R. Is anyone in the home including children working or expecting to work in the next two months? If yes, explain below.

☐ Yes ☐ No

Name	Employer/Address	# of hours worked per month	Monthly Gross income

S. Does anyone pay for care of a child or disabled adult so they can go to work, training, school, or look for a job? If yes, explain below.

☐ Yes ☐ No

Name of person(s) who receives care	Name of person who pays	How much?	How often?
		\$	
		\$	

ONLY TO USE ONLY

Total value =

SSI pending: ☐ YES ☐ NO
 Interim Assistance: ☐ YES ☐ NO
 GA: ☐ YES ☐ NO
 CAPI: ☐ YES ☐ NO

Person #

☐ Self-employed
☐ Actual ☐ 40%

Is the caretaker a household member?
☐ YES ☐ NO

Statement of Facts

10. Does anyone else pay all or part of your child care costs?
If yes, explain below:

☐ Yes ☐ No

Name of person who pays	How much do they pay? \$ _____ per _____
-------------------------	---

11. Does anyone in the home pay child support?
If yes, explain below:

☐ Yes ☐ No

Name of person who pays	Name of child(ren) getting child support	Amount paid per month	Court ordered?
		\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

12. Do you or anyone living in the home have any housing costs?

☐ Yes ☐ No

	Name	Total cost	Amount you pay	Amount family or other household members pay	How often billed
Rent or house payment		\$ _____	\$ _____	\$ _____	
Property taxes and insurance (if separate)		\$ _____	\$ _____	\$ _____	
Gas, electric, or other fuel used for heating or cooling		\$ _____	\$ _____	\$ _____	
Water, sewage, garbage		\$ _____	\$ _____	\$ _____	
Telephone		\$ _____	\$ _____	\$ _____	
Other expense		\$ _____	\$ _____	\$ _____	

13. You can authorize someone else in your household or someone outside your household to pick up your food stamps. If you would like to authorize someone, complete below:

Name of authorized representative	Address of authorized representative	Phone number

14. Are you interested in information or a referral for medical coverage (Medi-Cal or Healthy Families)?

☐ Yes ☐ No

COUNTY USE ONLY

Court order for TSP: ☐ YES ☐ NO

Amount ordered: \$ _____

Total housing verified: ☐ YES ☐ NO

Total housing: \$ _____

Shared housing: ☐ YES ☐ NO

Utilities verified: ☐ YES ☐ NO

Heating or cooling verified: ☐ YES ☐ NO

Other needs: ☐ Actual ☐ SVA

Referral: ☐ YES ☐ NO

Total utilities: \$ _____

SVA protected: ☐ YES ☐ NO

Statement of Facts

CERTIFICATION

- | | |
|---|--|
| <ul style="list-style-type: none"> ■ I understand the questions on this form. ■ I understand that any facts that I have given, including benefit and income facts, will be matched with local, state, and federal records, such as employers, the Social Security Administration, tax, welfare, and employment agencies, etc. ■ I understand that the county will send information to the U.S. Citizenship and Immigration Service (USCIS) for verification of noncitizen status, and to the Social Security Administration to check work quarters information for noncitizens applying for food stamp benefits. ■ I understand that the information the county gets from USCIS and/or Social Security may affect my eligibility for food stamp benefits. ■ I understand information, including benefit and income facts, that I have given on this form is subject to investigation and review by county, state, and federal personnel and that if I give incorrect facts my food stamp benefits may be denied or stopped. ■ I understand my rights and responsibilities (DFA 285 A3) and agree to comply with my responsibilities. ■ I understand the penalties, including the specific disqualification penalties for food stamp benefits, explained in DFA 285 A3, for giving incomplete facts, failing to report facts or situations which may affect my eligibility or benefits for food stamp benefits. | <ul style="list-style-type: none"> ■ I understand that the food stamp household, any adult member of the food stamp household (even if they move out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received. ■ I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state, or federal personnel in any investigation or review, including a quality control review. ■ I understand that any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or is in violation of their parole or probation cannot get food stamp benefits. ■ I understand that anyone who has been convicted since August 22, 1996, of a drug-related felony for manufacturing, sale or, distribution of a controlled substance or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive food stamp benefits. |
|---|--|

I understand that if the county has completed this form based on my answers, I have reviewed and agree that the information has been accurately recorded. I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct, and complete.

Signature (Adult Household Member or Authorized Representative)

Date

Signature of Witness or Interpreter

Date

Signature of Eligibility Worker

Date

TECHNICAL EXHIBIT 9
PA 607 COMPLAINT OF DISCRIMINATORY
TREATMENT

Technical Exhibit 9

COMPLAINT OF DISCRIMINATORY TREATMENT

TO : DEPARTMENT OF PUBLIC SOCIAL SERVICES
CIVIL RIGHTS AND LANGUAGE SERVICES SECTION
12860 CROSSROADS PARKWAY SOUTH
CITY OF INDUSTRY, CALIFORNIA 91746

CASE NAME :

CASE NUMBER:

I, _____, hereby file this complaint of discriminatory treatment
(Please print your name) and request that an investigation be conducted.

I believe I was discriminated against because of my:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> RACE | <input type="checkbox"/> RELIGION | <input type="checkbox"/> COLOR |
| <input type="checkbox"/> NATIONAL ORIGIN | <input type="checkbox"/> SEX | <input type="checkbox"/> AGE |
| <input type="checkbox"/> POLITICAL AFFILIATION | <input type="checkbox"/> MARITAL STATUS | <input type="checkbox"/> DISABILITY |

DATE OF OCCURENCE : _____

NAME(S) AND TITLE(S) OF THE PERSON(S) WHO I BELIEVE DISCRIMINATED AGAINST ME :

THE ACTION, DECISION OR CONDITION WHICH CAUSED ME TO FILE THIS COMPLAINT IS AS FOLLOWS :

I WISH TO HAVE THE FOLLOWING CORRECTIVE ACTION TAKEN :

(SIGNATURE)

(DATE)

ADDRESS : _____

TELEPHONE : _____